

Performance Management and Quality *Matters*



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Commissioner

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SPOTLIGHT ON

Quality Improvement



Kate Fillo and Patti Depew, BHCSQ

Efficiently Processing Complaints: Bureau of Healthcare Safety & Quality

This month we turn the spotlight on the Division of Health Care Facility Licensure and Certification within the Bureau of Healthcare Safety & Quality (BHCSQ). The Division is charged with identifying and addressing Federal or State regulatory violations in hospitals, nursing homes, and other healthcare facilities. The Division utilized the Quality Improvement Plan-Do-Study-Act (PDSA) model to address an area that staff had identified as needing improvement in order to better serve the public and fulfill its mission.

The Division's Complaint Unit responds to health care facility and consumer-reported incidents. They receive incident reports via mail, facsimile, phone, referral from other agencies and in person. Staff members in the Complaint Unit process each incident through a complex set of steps that include screening for immediate risk or actual harm, triaging for prioritization and determining appropriate MDPH response. Incidents may be investigated by surveyors at a healthcare facility, referred to other agencies, document reviewed at MDPH or, after review, filed for future reference. Additional complexity often occurs when an investigation requires significant coordination across multiple agencies and stakeholders.

Complaint Unit Director Patti Depew explained, "the unit has made some significant changes to its practice recently, particularly the shift from complaints that were faxed into the office to an online self-reporting system for licensed programs. Given the changes, we wanted to ensure that all staff were processing complaints in a consistent manner and taking advantage of the new capabilities the online system provides."

To address the above opportunities for improvement the Division implemented a Quality Improvement project that followed the PDSA model. PDSA facilitates quality improvement by identifying and prioritizing opportunities for improvement (Plan), implementing the improvement (Do), observing, learning and reflecting on the analysis (Study), and determining to adopt/standardize, adapt or abandon the improvement (Act)*. Working with a consultant, the unit initiated the following PDSA Quality Improvement cycle. (continued page 2)

*Source: ABCs of the PDCA cycle, G. Gorenflo and J. Moran, <http://phf.org/pmqi/resources.htm>

Accreditation Documentation Process to Commence



The next step in the process of applying for national accreditation from the Public Health Accreditation Board (PHAB) is assembling the documentation necessary to show the MDPH meets the criteria set forth in the PHAB Standards and Measures. Identifying, selecting, and uploading documents is the central task for the health department seeking accreditation and the PHAB Site Visit Team reviews documentation uploaded by applicants.

We have begun to form documentation teams for each of the twelve PHAB domains. Each Domain Team will adopt a process to identify policies, procedures, plans, memos, reports, meeting agendas, and other documents in order to select documentation for each measure in their domain. The Team and Team Leader ensure that documents demonstrate conformity with the specifics of the Required Documentation and Guidance for each measure. **A Documentation Briefing for Team Leaders and members is scheduled for Tuesday March 24, 3:00 PM-4:30 PM and Monday March 30, 9:00 AM-10:30 AM in the PHC (same briefing repeated twice).**

The underlying principles of the Standards and Measures include advancing public health practice, promotion of (cont. p 2)

(Spotlight, cont.)

Plan

BHCSQ conducted an assessment that identified a need to update policies and procedures used to guide Complaint Unit staff members through the incident response process during implementation of their new systems. BHCSQ decided to develop a *Complaint Unit Intake Process Manual* in order to address these needs. Throughout last summer and fall, a core working group interviewed staff members about their work process to identify components to be included in the new manual.

Do

Based upon the responses collected, a draft manual was written. In the late fall of 2014, the core working group shared sections of the draft manual to small group sessions to solicit comments and have members complete feedback forms. The Bureau's Quality Improvement Manager, Kate Fillo commented "Intake Unit staff have been very engaged in each step of the manual's development and their involvement has been vital to the utility of the manual's content." Feedback from staff were integrated into the first version of the *Complaint Unit Intake Process Manual* released in January 2015.

The manual is a comprehensive overview and description of how the Bureau manages complaints. There are three major sections: Case Collection, Triage, and Disposition. Each is a critical and necessary step in the process. All members of the Intake Unit team play a role in the complex coordination of these processes and their roles are explained in detail in each section. This manual is a living document that is updated at regularly scheduled intervals.

Study

The goal of the project is to improve the process of recording and acting upon complaints. Data will be gathered on the consistency of information gathered about complaints using the new form and manual.

Act

The Bureau will learn from their study of current PDSA cycle in order to implement another PDSA cycle that will help to meet their target measures or, alternatively, determine other priorities or needs.

QI Projects are Continuous



The development and implementation of the Complaint Unit Intake Process Manual is just the first step in helping to standardize work activities of the Complaint Unit and foster an environment that enables meaningful MDPH responses to incidents received. There are several additional quality improvement initiatives currently in process. These include the construction of a resource guide of other agencies and complaint groups, and a workgroup to develop template letters for response to complainants.

Director Depew concluded, "As a result of the QI process and the development of the manual the Complaint Unit is better able to take advantage of the capabilities of the online system. In addition to position MDPH to process incidents more efficiently, we will be able to track and respond to follow up inquiries more effectively, including for incidents reported on facilities outside our normal regulatory process. We'll be able to show how we responded to every incident and what was the final outcome."

(documentation, cont.) Quality Improvement; establishing consistent standards for all tribal, state, and local health departments; reflecting emerging public health issues; and promotion of effective internal and external collaborative partnerships.

The focus of the PHAB Standards and Measures is population-based disease prevention, health protection, and health promotion. Consequently PHAB's accreditation does not include the following: Individual patient care and associated interventions, programs for the reimbursement for health care services, social services and educational support programs; Individual professional and facilities licensure and certificate programs, and animal health.

Some programs or program areas provide both population-based public health and also personal or one-on-one services. Documentation related to the program's population-based public health activities is appropriate for PHAB documentation while documentation related to the individual, personal, or clinical services provided by the same program, is not appropriate for PHAB documentation.

Members of the accreditation team will work closely with the Domain documentation teams in the documentation process. A Briefing session will be held for team leaders in March. For more information contact Accreditation Manager Michael Coughlin at

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Accreditation Information Webinar On-line

A 20 minute webinar about the PHAB accreditation process, performance management and quality improvement. Find it at <https://www1.gotomeeting.com/register/153702449>